

\* CERTIFICATE AMENDED

SEE NOTATION

R. A. WATKINS PRINTING CO., PHOENIX

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

County of Maricopa District of Phoenix Town of Snowflake or City of Snowflake  
ORIGINAL CERTIFICATE OF BIRTH  
\* First name amended as per Supp. Report and child's Birth Cert. (8-14-72)  
State Index No. 443 Co. Register No. 26 Local Registrar's No. 8 St.; Ward)

FULL NAME OF CHILD MARGARET Willis  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Born NO Alive YES

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
<u>Female</u>	<u>X</u>		<u>8</u>	<u>Yes</u>	<u>Feb 10</u> 19 <u>20</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Joseph S. Willis</u>			Full Maiden Name <u>Williamette East Flake</u>		
Residence <u>Snowflake</u>			Residence <u>Snowflake</u>		
Color or Race <u>American</u> Age at last Birthday <u>36</u> (Years)			Color or Race <u>American</u> Age at last Birthday <u>33</u> (Years)		
Birthplace <u>Snowflake</u>			Birthplace <u>Snowflake</u>		
Occupation <u>Farmer</u>			Occupation <u>Baby Tender</u>		
Number of child of this mother <u>8</u>		Number of Children, of this mother, now living <u>eight</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb 6 1920, at M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Eanna L. Danforth  
(Attending physician, midwife, householder.\*)

Given or Christian name added from a

supplemental report 191

Address

Filed Feb 11 1920

Mrs. Nellie Freeman  
LOCAL REGISTRAR.

462-206-465  
COUNTY REGISTRAR.

A True Copy

Filed March 5 1920

James H. Thompson  
COUNTY REGISTRAR.